NON USAMRMC Account Request (Includes DoD Organizations other than MRMC, External Organizations, and External Collaborators)

FORMS NEEDED:
*MRMC 25-2;
*Current IA Training Certificate;
*eIT AUP

INSTRUCTIONS:

1a. *MRMC 25-2: Fill out and Sign Section A, General Information

Note:

DoD: In Section 3, User Information, fill in your organizational information. DoD requestors do not require a Sponsor.

Non-DoD: In Section 3, User Information, include 'your' business information. Fill in the 'Sponsoring Organization' info in 3f. and 3h.

1. SERVICES REQUESTED: 1b. Additional Account	1e. PRESENT USER ACCOUNT (if applicable) N/A	1f. REASSIGN FILES TO: N/A
2. TYPE OF SERVICE REQUESTED: 2a. General Basic X 2b. Special Special Services: ACCOUNT REQUEST: EDMS GENERAL ACCOUNT (*EXAMPLE*)		
3. USER INFORMATION: 3a. Rank/Title: i.e. Mr./Ms./CPT 3b. Name (First MI Last) Requestor's Full Name 3c. Status: Military Civilian Student Contractor Foreign National (Requestor Check Applicable Box) 3d. Street Address: Business (Mailing) Street Address____ 3e. Zip: Business (Mailing) Zip Code____ 3f. Organization/Activity: Name of Requestor's Sponsoring Organization 3g. *Company: If Contractor, Name of Company 3h. Office Symbol: Sponsoring Org Office Symbol If Applicable 3i. Bldg No. / Rm. No: If Applicable 3j. Telephone No: Business Number DSN: N/A____ Fax: If Applicable____		
4. EFFECTIVE DATE OF REQUEST (YYYYMMDD): Insert	5. AKO E-MAIL ADDRESS: Insert Work Email____	
6. COMMENTS/NOTES: Requestor may add comment/note if necessary, or attach comment/notes when routing		
7a. AIASO PRINTED NAME: N/A	7b. Signature: Handwritten or Electronic	7c. Date Signed: (YYYYMMDD): Insert

1b. *IA Training Attachment:

- ❖ Attach **DoD IA Training Certificate**
- ❖ If you do not have a DoD Certificate, Complete DoD IA Training at: **https://ia.signal.army.mil/login.asp**
- ❖ **Note**: Be sure to complete the Final Exam. Attach Certificate verifying Exam completion.

1c. *eIT AUP Attachment:

- ❖ **Read and Sign eIT AUP.**
- ❖ **Non-DoD/Agencies outside the Federal Government:** Obtain Government Sponsor Signature from Sponsoring Organization and Attach Signature Page.
- ❖ **Note**: Government Sponsor Signature refers to the Government Supervisor of the Branch/Division Sponsoring the Collaborator or who has Contract/Agreement Oversight; Grade 04 or above or GS-13 or above.

2. ROUTING:

Requestor will email/route the MRMC 25-2 to **eIT PMO Product Support**

Attach IA Training Certificate and Signature Page of eIT AUP.

REQUEST FOR COMPUTER SERVICES

AUTHORITY:	For use of this form see USAMRMC Memorandum 25-2
PRINCIPAL PURPOSE:	To request initial account or request changes to existing account.
ROUTINE USES:	To establish USAMRMC accounts.
DISCLOSURE:	Mandatory. Failure to provide this information could result in the applicant not being able to receive an account.

SECTION A - GENERAL INFORMATION   *(To be completed by AIASO)*

1. SERVICES REQUESTED:	1e. PRESENT USER ID/ACCOUNT (if applicable):	1f. REASSIGN FILES TO:
1b. Additional Account	N/A	N/A

2. TYPE OF SERVICE REQUESTED: ☐ 2a. General Basic   ☒ 2b. Special *(complete below)*

Special Services: ACCOUNT REQUEST:

3. USER INFORMATION:

3a. Rank/Title: 3b.Name *(First MI Last):*

3c. Status: ☐ Military   ☐ Civilian   ☐ Student   ☐ Contractor   ☐ Foreign National

3d. Street Address: 3e. ZIP Code:

3f. Organization/Activity: 3g. *Company:

3h. Office Symbol: 3i. Bldg No/Room No:

3j. Telephone No: COMM: DSN: FAX:

4. EFFECTIVE DATE OF REQUEST: *(YYYYMMDD)*	5. AKO E-MAIL ADDRESS:

6. COMMENTS/NOTES:
REQUESTOR COMPLETE SECTION A - GENERAL INFORMATION
ROUTING: SEND TO wucto { f gvlenb gf eqo /wuco to eQqvj gtQgkv/r o qB o cknb kn
(ATTACH CURRENT DoD IA CERTIFICATE OF TRAINING and eIT AUP SIGNATURE PAGE)

7a. AIASO Printed Name:	7b. F Yei Yghcf˙	7c. Date Signed: *(YYYYMMDD)*
N/A		

SECTION B - AUTHENTICATION   *(To be completed by Responsible Functional Proponent, as appropriate)*

1. System:	2. Privileges:	3. Date Signed: *(YYYYMMDD)*	4. Proponent Signature:

SECTION C - VERIFICATION   *(To be completed by Security Officer) SECTION C NOT APPLICABLE FOR eIT ACCOUNT*

1. Status:	2. Date Signed: *(YYYYMMDD)*	3. Security Officer Signature:

SECTION D - APPROVAL   *(To be completed by IASO)*

1. IASO Printed Name:	2. IASO Signature:	3. Date Signed: *(YYYYMMDD)*

USAMRMC Form 25-2, Apr 2008